

FORM  
INSPRev  
X/20

## State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

06/18/2025

Submitted Date:

06/20/2025

Document Number:

715202555

### FIELD INSPECTION FORM

Loc ID 321672 Inspector Name: Welsh, Brian On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**

ECMC Operator Number: 17180  
Name of Operator: CITATION OIL & GAS CORP  
Address: 14077 CUTTEN RD  
City: HOUSTON State: TX Zip: 77069

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION  
 FOLLOW UP INSPECTION REQUIRED  
 NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

- 5 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

Contact Name	Phone	Email	Comment
Redweik, Bob	(281) 891-1550	bredweik@cogc.com	
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207730	WELL	TA	03/30/2020	OW	017-06665	ARAPAHOE UNIT 147 (14-22)	TA

**General Comment:**

[SE Compliance Specialist Brian Welsh conducted a P&A Inspection](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	BATTERY		
Comment:	Lease sign by tank battery		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Stickers on chemical tanks		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 207730 Type: WELL API Number: 017-06665 Status: TA Insp. Status: TA

**Cement**

Cement Contractor

Contractor Name: Franks Well

Contractor Phone: \_\_\_\_\_

Surface Casing

Cement Volume (sx): \_\_\_\_\_

Circulate to Surface: \_\_\_\_\_

Cement Fall Back: \_\_\_\_\_

Top Job, 1" Volume: \_\_\_\_\_

Intermediate Casing

Cement Volume (sxs): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Production Casing

Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Plugging Operations

Depth Plugs(feet range): 1570

Cement Volume (sx): 25 SXS

Good Return During Job: \_\_\_\_\_

Cement Type: 60/40 POZ W/4% GEL

Comment: HALDE WATER, CODELL WELL SERVICE, FRANKS WELL SERVICE. MIRU FRANKS, PUMP 20 SXS THRU CICR @ 1570' W/5 SXS ON TOP. MIRU CODELL, POOH W/TBG AND SHUT DOWN FOR THE DAY.

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT